

Vermont Home and Community Based Medicaid Waiver Program

Consumer and Surrogate Directed Services Employer Handbook



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This document is available in alternative format upon request.

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CHAPTER I: Introduction

The Vermont Department of Aging and Independent Living (DAIL) manages the Home and Community Based Medicaid Waiver program. The goal of this program is to offer eligible elders and adults with physical disabilities an alternative to nursing home placement. The Medicaid Waiver program can provide:

- Personal Care
- Respite Care
- Companion Services
- Adult Day services
- Assistive Devices and Home Modifications
- Personal Emergency Response System
- Case Management

Depending on the waiver participant's circumstances, Personal Care, Respite Care, and/or Companion services may be directed by the waiver participant (consumer), a trusted friend or family member (surrogate), or the local Home Health Agency.

Being an **EMPLOYER** is a big responsibility and should not be taken lightly. If the Medicaid Waiver participant is able and willing to be an **EMPLOYER** and direct their own Personal Care, Respite or Companion services, they may apply for the consumer-directed option. However, if the participant is not able or willing to be the employer, a trusted friend or family member may apply to be the surrogate-directed **EMPLOYER**.

Whether consumer or surrogate directed, the Medicaid Waiver case manager and Waiver Team must certify all prospective **EMPLOYERS**. Once certified, the **EMPLOYER** agrees to perform all activities required to hire, train, and supervise personal care attendants, respite and/or companion workers. This manual will help **EMPLOYERS** understand their responsibilities as well as the Home-Based Medicaid Waiver program requirements.

CHAPTER II: Eligibility

1. Medicaid Waiver Program Eligibility

To be eligible for the DAIL Medicaid Waiver program, an individual must:

- a) be a Vermont resident;
- b) be at least 65 years of age, or 18 or older and have a physical disability;
- c) be eligible for Medicaid under Vermont Long-Term Care Medicaid eligibility rules;
- d) meet the clinical criteria for nursing home level of care;
- e) require Medicaid Waiver services as an alternative to nursing home care;
- f) be identified as a priority for Medicaid Waiver services within her/his region of residence; and
- g) make an informed choice to accept Medicaid Waiver services in a Plan of Care.

Individuals who wish to direct their own services must also meet the following **EMPLOYER** eligibility guidelines.

2. Consumer/Surrogate Directed Employer Eligibility

The Medicaid Waiver case manager and local Medicaid Waiver Team must approve any individual who wishes to be an **EMPLOYER** under the waiver program. As a part of this process the case manager will complete an “Employer Certification Form”.

All Medicaid Waiver **EMPLOYERS** must have the cognitive ability to communicate effectively and perform the activities required of an employer. Cognition and communication are defined as follows:

- a. **Cognition:** the ability to understand and perform the tasks required to employ a caregiver (including recruitment, hiring, scheduling, training, supervision, and termination). An individual who has cognitive impairments or dementia which prevent understanding and performance of these tasks, is not competent, or has a guardian, is not eligible to manage waiver services.
- b. **Communication:** the ability to communicate effectively with the case manager and with the caregiver(s) in performing the tasks required to employ a caregiver. An individual who cannot communicate effectively, whether through verbal communication or alternate methods, is not eligible to manage waiver services.

3. Appealing a Decision

The Medicaid Waiver case manager and local Medicaid Waiver Team are responsible for assessing and certifying **EMPLOYERS**. If the individual or surrogate is found to be ineligible to act as the **EMPLOYER**, the decision may be appealed. The Medicaid Waiver Team will send the individual a written notice that includes appeal rights and information.

CHAPTER III: Program Limitations

The Medicaid Waiver program has the following limitations under the consumer/surrogate directed option:

1. Consumer and surrogate employers are **not** paid by the Medicaid Waiver program to direct and manage services.
2. A waiver participant's legal guardian (appointed by a probate court) may **not** be paid to provide services under the Medicaid Waiver Program. The Department of Aging and Independent Living (DAIL) may grant variances to this limitation on a case-by-case basis. Variance requests must be sent to DAIL in writing by the case manager.
3. A person (employee) who is paid by the Medicaid Waiver program to provide services for the participant may **not** also serve as the surrogate employer.
4. The Medicaid Waiver program only provides services and care for the individual who has been found eligible for the Medicaid Waiver program. Therefore, services are **restricted to the benefit of the individual**.
5. Persons with a substantiated history of abuse, neglect, or exploitation (included in the Vermont Adult Abuse Registry, or similar registry) may **not** be paid to provide any services under the Medicaid Waiver Program. The payroll agent will check the Adult Abuse Registry in DAIL for the names of all such current or prospective employees.
6. A Medicaid Waiver participant's spouse or civil union partner may **not** be paid to provide services under the Medicaid Waiver program.
7. Caregivers (employees) are not paid to provide services while the individual is admitted to a hospital or nursing facility.
8. Participants may remain eligible for the Medicaid Waiver program up to **30 days** while absent from the state of Vermont.
9. Participants may use their Medicaid Waiver services up to **7 days** while absent from the state of Vermont.
10. Surrogate employers shall **not** be certified to manage Medicaid Waiver services for more than two (2) participants at one time.
11. Medicaid Waiver shall not be used to provide services that are otherwise being purchased privately or through another funding source.

CHAPTER IV: Service Descriptions

The following consumer/surrogate directed services are covered under the Medicaid Waiver Program:

1. Personal Care Services

Personal Care services may include help with the following:

- Dressing
- Bathing
- Grooming (help with brushing teeth, shaving, hair and skin care)
- Bed mobility (moving about while in bed)
- Toilet use
- Personal hygiene and clean up related to incontinence
- Assistance with adaptive devices
- Transferring (help getting to and from chair and bed)
- Mobility (help with walking or using a wheelchair)
- Eating

When needed, services may also include the following **for the individual only**:

- Help using the telephone
- Preparing meals
- Heavy housekeeping: for example, mopping floors and taking out garbage
- Light housekeeping: for example, changing the bed, dusting, vacuuming and doing laundry
- Shopping
- Travel assistance necessary for the person's health and welfare
- Care of adaptive equipment

A “**Personal Care Worksheet**” and “**Plan of Care**” are completed by the case manager together with the participant. The case manager will provide the **EMPLOYER** with a copy of the Personal Care Worksheet. The Personal Care Worksheet describes the specific tasks and services that shall be provided for the individual. The Plan of Care identifies the overall type and amount of services the individual has been approved to receive. The Personal Care Worksheet and Plan of Care shall be used by the **EMPLOYER** to plan service schedules and approve timesheets.

2. Respite Care Services

Respite Care services are designed to provide a break or relief from care to the participant's primary, informal (unpaid) caregiver (e.g. spouse). Respite Care services are based on blocks of time, rather than on specific tasks. Respite Care may include supervision as well as the specific tasks described under Personal Care services. Only individuals who have an informal (unpaid) primary caregiver are eligible to receive Respite Care services. A maximum of **720 hours a calendar year** is available. If the individual also receives Companion services, the combined total may not exceed 720 hours a calendar year.

3. Companion Services

Companion services include non-medical care, supervision and socialization. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities on an ongoing basis. A maximum of **720 hours a calendar year** is available. If the individual also receives Respite Care services, the combined total may not exceed 720 hours a calendar year.

CHAPTER V: How to Apply and Enroll

Once an applicant has been enrolled in the Medicaid Waiver program a case manager will assess their needs and assist the applicant through the process. The following outlines the steps involved with certifying **EMPLOYERS**, enrolling **EMPLOYERS** and **EMPLOYEES**.

1. Certification of Employer Eligibility

All consumer or surrogate directed **EMPLOYERS** must be certified as able and willing to direct Medicaid Waiver services.

a. Certification

During the initial assessment process, the case manager completes an “Employer Certification Form”. The case manager and Medicaid Waiver Team then verify and document that the consumer or surrogate is able (as described under “Eligibility”) and willing to direct and manage services. By signing the Plan of Care and Employer Agreement form the **EMPLOYER** agrees to perform the required activities. The case manager will continue to monitor the employer’s ongoing eligibility during monthly contact and annual reassessments.

b. Non-Certification

If the case manager and Medicaid Waiver Team determine that the consumer or surrogate is not able to perform the ongoing tasks required as the **EMPLOYER**, the individual shall be notified of the decision in writing. The notice will include appeal rights.

2. Enrolling Employers

Once certified, all Medicaid Waiver consumer and surrogate directed **EMPLOYERS** must enroll in the payroll system as described below:

- a. **Contact Payroll Agency:** Certified **EMPLOYERS** must contact the following payroll agent to obtain the necessary forms to become enrolled in the payroll system:

ARIS
P.O. BOX 4409
White River Junction, VT 05001
1-800-798-1658

b. EMPLOYER Forms: The following forms must be completed by the **EMPLOYER** and returned to the payroll agent in order to enroll in the payroll system:

- Form 2678 Employer Appointment of Agent Form (IRS # 2678)
- Consumer/Surrogate Directed Employer Agreement Form
- Worker's Compensation Authorization Form
- Power of Attorney Form
- Consumer Information Form

Important: Timesheets cannot be processed, nor can payments to workers be made, until all of these forms have been received and processed by the payroll agent.

3. Enrolling Employees

Once the employer has located a suitable personal care attendant (**EMPLOYEE**), the **EMPLOYEE** must complete the following forms and return to the payroll agent. **This applies to both new employees and returning employees who have not been employed by the consumer in the current calendar year:**

- Form W-4 Employee's Withholding Allowance Certificate
- Form I-9 Employment Eligibility Verification Form
- Record Check Release Form Vermont Criminal Information Center
- Consent for Release of Information Adult Protective Services
- Background Check Release Form
- Optional: Form W-5 Earned Income Credit Advance Payment Certificate
- Optional: Direct Deposit Form

Important: Timesheets cannot be processed, nor can payments to workers be made, until all of these forms (not including optional forms) have been received and processed by the payroll agent.

EMPLOYERS should notify their employees that there may be a delay of several weeks before the first paycheck is issued. **EMPLOYERS** may wish to discuss this issue with the Medicaid Waiver case manager, as well.

CHAPTER VI: Employer Responsibilities

1. Employer Responsibilities

The Medicaid Waiver consumer/surrogate directed services are a wonderful option for many people. However, this option is not suited for everyone. Being an **EMPLOYER** is an important responsibility and should not be taken lightly. Please consider the following responsibilities before enrolling as an **EMPLOYER**.

The consumer or surrogate **EMPLOYER** must agree to perform the following ongoing tasks:

- ◆ Understand and follow program requirements
- ◆ Recruit and select employee(s)
- ◆ Notify selected employee(s) of their responsibilities
- ◆ Assure that employment forms are completed and submitted to the payroll agent (See Chapter VIII)
- ◆ Train employee(s) to perform specific tasks as needed
- ◆ Develop a work schedule based on the approved Plan of Care
- ◆ Maintain updated copies of approved waiver Plan of Care
- ◆ Arrange for substitute or back-up employees as needed
- ◆ Develop and maintain a list of tasks for the employee(s) to perform based on the Personal Care Worksheet
- ◆ Authorize employee(s) timesheets (based on the approved Plan of Care and actual time worked)
- ◆ Maintain copies of all employee(s) timesheets
- ◆ Supervise employee(s) at least every sixty (60) days to assure that tasks are performed correctly and completely
- ◆ Evaluate employee(s) performance
- ◆ Provide ongoing performance feedback to employee(s)
- ◆ Terminate employee(s) employment when necessary
- ◆ Notify the payroll agent of any necessary changes
- ◆ Participate in the assessment and reassessment of Medicaid Waiver eligibility
- ◆ Communicate with the Medicaid Waiver case manager on a regular basis (See Chapter IX.)
- ◆ If applicable, assure a monthly patient share is paid to the payroll agent (See Chapter VIII.)
- ◆ Track use of Respite and Companion service hours, so as not to exceed 720 hours a calendar year (See Chapter IV)
- ◆ Avoid conflict of interest with employees, participant and/or other participating agencies

Surrogate employers must be **available** to perform the above employer responsibilities on an ongoing basis.

2. How to Find and Keep a Caregiver

EMPLOYERS may refer to the “**Help at Home: A Guide to Finding and Keeping Your Caregiver**” (published by Homeshare Vermont, Burlington, VT), for helpful information and tips on hiring, training and keeping caregivers/workers. **EMPLOYERS** may obtain a guide by contacting the Medicaid Waiver case manager or Homeshare Vermont at (802) 863-5625 or <http://www.homesharevermont.org/>.

CHAPTER VII: Employee Eligibility and Restrictions

1. Employee Eligibility

All **EMPLOYEES** must be legally eligible for employment under state and federal laws. In addition, for the Medicaid Waiver program, eligible **EMPLOYEES** must:

- be aged 18 or over
- have a high school degree or equivalent, or be approved by DAIL
- be legally eligible to work in the state of Vermont

On a case-by-case basis, the DAIL may approve an employee to provide services when the employee has an equivalent combination of education, experience, and skill specific to working with elders with functional limitations or individuals with disabilities. Requests must be presented in writing to DAIL.

2. Employee Restrictions

The following restrictions apply to all **EMPLOYEES**:

- Persons with a substantiated history of abuse, neglect, or exploitation (included in the Vermont Adult Abuse Registry, or similar registry) may **not** be paid to provide any services under the Medicaid Waiver Program. The payroll agent (ARIS) will check the Adult Abuse Registry in DAIL for the names of all such current or prospective employees.
- The spouse or civil union partner of the consumer may **not** be paid to provide any services through the Medicaid Waiver for care of the consumer.
- A waiver participant's legal guardian (appointed by a probate court) may **not** be paid to provide services under the Medicaid Waiver Program. The Department of Aging and Independent Living (DAIL) may grant variances to this limitation on a case-by-case basis. Variance requests must be sent to DAIL in writing.
- A participant's Surrogate **EMPLOYER** may **not** also be a paid **EMPLOYEE** for any services under the Medicaid Waiver Program.

CHAPTER VIII: Payroll Policies and Procedures

1. Payroll Agent

Payroll services are provided by the Medicaid Waiver program, through a contracted payroll agency. The payroll agent will process timesheets, paychecks and taxes, maintain individual employment tax records for workers and perform related payroll activities, including background checks for substantiated incidents of abuse, neglect, or exploitation of others and for criminal records.

The payroll agent for the Medicaid Waiver Program is:

Area Resource for Individualized Services (ARIS)
P.O. BOX 4409
White River Junction, VT 05001
1-800-798-1658

The payroll agent will provide employers and employees with:

- all of the necessary employment forms,
- timesheet forms,
- pre-stamped addressed envelopes for mailing timesheets to the payroll agent,
- annual W-2 tax statements to employees
- instructions and technical assistance in completing forms

2. Submitting Timesheets

All employee timesheets must be submitted in the following manner:

- The timesheet must be completed correctly, including the dates and times of service.
- The employer must sign the timesheet to verify that services were received.
- The timesheet must be completed correctly, and legibly, including the signatures of both the employee and the employer.
- The timesheet must be submitted to the payroll agent according to the payroll schedule (See appendix).
- **NOTE:** ARIS will not accept **FAXED** timesheets.

Important: Neither DAIL nor the payroll agent are responsible for delays in payment caused by late submissions, incomplete or illegible forms, or neglect of the consumer/surrogate or worker to inform the payroll agent of changes in address, etc.

3. Additional Employees or Replacement of Employees

All new **EMPLOYEES** must complete the employment enrollment process prior to receiving any paychecks. There are no exceptions to this policy.

4. Termination of Employment

The consumer or surrogate directed **EMPLOYER** is responsible for termination of employment, and for notifying the case manager and the payroll agent of all changes in the employment status of **EMPLOYEES**. The **EMPLOYER** must complete an “Employee Action Notice” form and submit to ARIS each time an **EMPLOYEE** terminates employment.

5. Instructions for Completing Timesheets

All timesheets shall be completed with the following information. **All items must be legible!**

- Print **EMPLOYEE** name and social security number on the top corner of timesheet.
- Print the waiver participants name under “consumer” at the top of the timesheet.
- Print the surrogate **EMPLOYER’S** name, if applicable, under “surrogate” at the top of the timesheet.
- Print the last day of the pay period under “Pay Period End Date”. (refer to payroll schedule if needed)
- Enter the date worked in the “Date” column.
- Enter the daily work start time in the “In” column and work stop time in the “Out” column. **Note: If the employee lives with the waiver participant, they may write “Live-in” in place of “in” and “out” times.**
- Enter the total hours of Personal Care worked in decimal format (in 15-minute units) in the “Personal Care Hours” column for each day worked.
- Enter the total hours of Respite Care worked in decimal format (in 15-minute units) in the “Personal Care Hours” column for each day worked.
- Enter the total hours of Companion Care worked in decimal format (in 15-minute units) in the “Personal Care Hours” column for each day worked.
- Add the total Personal Care hours worked for week one and week two. Write the total hours in the “Personal Care Hours” box next to “Total Hours per Service for this Pay Period”.
- Add the total Respite Care hours worked for week one and week two. Write the total hours in the “Respite Care Hours” box next to “Total Hours per Service for this Pay Period”.

- Add the total Companion Care hours worked for week one and week two. Write the total hours in the “Companion Care Hours” box next to “Total Hours per Service for this Pay Period”.
- The **EMPLOYEE** must sign and date at the bottom above “Employee Signature” and “Date”.
- The **EMPLOYER** must sign and date the bottom above “Consumer/Surrogate Signature” and “Date”.

Example of hours entered in decimal format:

one hour: 1.0
two hours: 2.0
two hours and 15 minutes: 2.25
three hours and 30 minutes: 3.5
three hours and 45 minutes: 3.75

6. Approved Plan of Care

The total number of hours for **all employees combined** must **not** exceed the authorized number of hours for any services as shown on the individual’s approved Plan of Care.

7. Changes in Hours

The **EMPLOYER** should contact the case manager directly to review the need for changes in approved services. A written plan of care change must be submitted and approved by DAIL **before** any increased service hours will be paid.

8. Mailing Timesheets

Mail the timesheet to the payroll agent at the address at the bottom of the timesheet. The timesheet must be mailed to the payroll agent so that it reaches the payroll agent’s office by Monday morning following the end of a pay period.

If more than one **EMPLOYEE** works for a waiver participant during the same pay period, the **EMPLOYER** must submit all employee timesheets for this payperiod to the payroll agent at the same time.

9. Timesheet Errors

On occasion it may be necessary for ARIS to return timesheets to **EMPLOYERS**. This may result in employee's paychecks being delayed. ARIS is unable to process *any* timesheet which does not have the original signatures of both the **EMPLOYER** and the **EMPLOYEE**. Timesheets will be returned to the employer when the following information is missing or incorrect:

1. Absence of employee name
2. Absence of consumer name
3. Absence of employee signature
4. Absence of employer signature
5. Signature of anyone other than the employer of record on the employer signature line.
6. Absence of dates of service.
7. Two consumers listed for services on one timesheet. Employees must fill out one time sheet per pay period for each consumer they provide care for.

Should a timesheet be returned to the **EMPLOYER** for one of the above reasons, the **EMPLOYER** must complete or correct the identified error, and re-submit the timesheet to ARIS. The timesheet will be processed and paid in the next pay period following receipt in the ARIS Office.

10. Other Reasons an Employee may not get Paid

Other reasons an **EMPLOYEE** may not get paid:

1. Late time sheets. Time sheets must be received in the ARIS office **no later than Monday** of each pay week, according to the Payroll Schedule.
2. Lack of, or incomplete Employer enrollment forms.
3. Lack of, or incomplete Employee enrollment forms.
4. Lack of patient share payment (when a patient share has been determined)
5. Lack of a Department of Aging and Independent Living (DAIL) authorized Plan of Care

11. Pay Schedule

Paychecks will be generated by the payroll agent every two (2) weeks, according to the payroll schedule.

12. Pay Rate

As of **July 8, 2001 EMPLOYEES** who are paid through Consumer or Surrogate Directed Services option will be paid:

- \$10.00/hour Personal Care Services
- \$8.50/hour for Respite Care Services
- \$8.50/hour for Companion Services

Note: Workers are **not** paid overtime wages or benefits. The Medicaid rate identified on the Plan of Care is higher than the **EMPLOYEE'S** wages because it includes worker's compensation and unemployment insurance that is covered by the state.

13. Patient Share

Under Medicaid eligibility rules, some Medicaid Waiver participants must pay a monthly patient share payment to cover some of the costs of services. The amount, if any, is determined by the Department for Children and Families (DCF). DCF will send a written notice to the waiver participant explaining the amount (if any) of the required patient share. If the participant has a patient share, then:

- The patient share must be paid directly to ARIS each month in the amount indicated on the DCF Medicaid notice of decision.
- The **EMPLOYER** must pay the monthly patient share in full with the timesheet of the first pay period of the month.
- Timesheets will not be processed, nor can payments to **EMPLOYEES** be made, unless the required patient share payment is submitted to the payroll agent.
- If the required patient share payment is not submitted to the payroll agent, the participant may be terminated from Consumer/Surrogate Directed Services.

Questions regarding Patient Share:

If there are questions about the **amount** of a patient share, contact the Medicaid Waiver case manager or the local District Office of the Department for Children and Families (see Appendix A).

14. Unemployment Benefits

Every **EMPLOYEE** is eligible for unemployment benefits if work hours become unavailable or decrease. If you have questions about unemployment compensation coverage, or about submitting a claim, contact the payroll agent.

15. Workers' Compensation

Every **EMPLOYEE** is covered by workers' compensation insurance. If you have questions about workers' compensation coverage, or about submitting a claim, contact the payroll agent.

16. Taxes

Payments made to every **EMPLOYEE** are treated as earned income, and are taxed as earned income. The payroll agent processes payroll taxes, withholds taxes from wages and prepares annual W-2 tax withholding statements.

17. Problems with the Payroll Agent

EMPLOYERS and **EMPLOYEES** should first attempt to resolve payroll problems by directly contacting the payroll agent. If problems persist, the **EMPLOYER** or **EMPLOYEE** may contact the case manager for assistance. Finally, if problems are not satisfactorily resolved with the help of the case manager, contact DAIL at (802) 241-2400 or www.dad.state.vt.us.

18. Medicaid Fraud

Medicaid fraud is committed when an **EMPLOYER** or **EMPLOYEE** untruthful regarding services provided to Medicaid Waiver participants in order to obtain improper payment. The Medicaid Fraud and Residential Abuse Unit of the Vermont Attorney General's Office investigates and prosecutes people who commit fraud against the Medicaid program. Medicaid fraud is a felony and conviction can lead to substantial penalties (including but not limited to, imprisonment up to ten years, or a fine up to \$1,000 or an amount equal to twice the amount of the assistance or benefits wrongfully obtained, or both). Additionally, individuals convicted of Medicaid fraud will be excluded for a minimum of five years from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid fraud include:

- Billing for services not actually provided (e.g. signing or submitting a timesheet for services which were not actually provided)
- Billing for services provided by a different person (e.g. signing or submitting a timesheet for services provided by a different person)
- Billing twice for the same service (e.g. signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source)

Suspected cases of fraud will be referred to the Attorney General's Medicaid Fraud Control Unit and may be referred to the local police authorities for further investigation and possible prosecution.

CHAPTER IX: Case Management Services

The case manager is responsible for certifying **EMPLOYERS** and monitoring the services and the health and welfare of individuals participating on the Medicaid Waiver program. Case Management services are provided to all Medicaid Waiver participants.

1. Case Manager Responsibilities

The case manager must contact the participant on a regular basis (including telephone and/or face-to-face), not less than once every 30 days. The case manager must visit the participant face-to-face not less than once every 60 days.

Case managers are responsible for:

- Answering questions about the Medicaid Waiver Program
- Assisting individuals in gaining access to needed services
- Overseeing the assessment and reassessment of the individual
- Developing a plan of care for the individual
- Monitoring the services included in an individual's plan of care
- Assessing the adequacy of care being provided
- Evaluating the ability of a consumer or surrogate to manage services as an employer under the Medicaid Waiver program
- Reporting suspected cases of abuse, neglect, exploitation to Adult Protective Services (see Chapter X)
- Reporting suspected cases of Medicaid Fraud to the State (see Chapter VIII)

2. Case Manager Limitations

Case Managers are **not** responsible for:

- completing or processing payroll forms,
- payroll documentation and submission
- hiring, firing and training employees

An individual's case manager can provide some *advisory* assistance with these activities, but the **EMPLOYER** is ultimately responsible for all employment issues concerning the **EMPLOYEES**.

CHAPTER X: Abuse, Neglect, and Exploitation

The State of Vermont requires, by law (Title 33, VT Statue), that all health professionals report cases of suspected adult abuse, neglect, and exploitation. Those who are “mandated” to report such cases include, but are not limited to:

- Medicaid Waiver Case Managers,
- Personal Care Attendants,
- Respite Care Workers,
- Companion Workers,
- Home Health Agency Employees,
- Adult Day Employees,
- Hospital Employees,
- Social Workers,
- Physicians, and
- Medicaid Waiver Payroll Agent (ARIS)

Other concerned individuals may also report suspected adult abuse, neglect, or exploitation. In most cases, the identity of the individual making the report shall remain confidential.

Reports are made by contacting the Vermont Department of Aging and Independent Living, Division of Licensing and Protection, Adult Protective Services (APS) at 1-800-564-1612.

Appendix A: Local Agencies

1. Designated Administrative Agencies (DAA): DAIL Medicaid Waiver Programs

| County | DAA | Phone |
|--|---|----------------|
| Addison | Addison County Home Health PO Box 754 Middlebury, VT 05753 | (802) 388-7259 |
| Bennington | Department of Aging and Independent Living 103 South Main Street Waterbury, VT 05671-2301 | (802) 241-2400 |
| Caledonia/Essex/ Orleans | Northeastern VT Area Agency on Aging 1161 Portland St. St. Johnsbury, VT 05819 | (802) 748-5182 |
| Chittenden | VNA of Chittenden/Grand Isle 1110 Prim Road, Suite 1 Colchester, VT 05446 | (802) 658-1900 |
| Franklin | Franklin County Home Health 3 Home Health Circle St. Albans, VT 05478 | (802) 527-7531 |
| Grand Isle | VNA of Chittenden/Grand Isle 1110 Prim Road, Suite 1 Colchester, VT 05446 | (802) 658-1900 |
| Lamoille | Central Vermont Council on Aging 30 Washington Street Barre, VT 05641 | (802) 479-0531 |
| Orange | Central Vermont Council on Aging 30 Washington Street Barre, VT 05641 | (802) 479-0531 |
| Rutland | Rutland Area VNA & Hospice 7 Albert Cree Avenue, PO Box 787 Rutland, VT 05701 | (802) 775-0568 |
| Washington | Central Vermont Home Health & Hospice 600 Granger Road Barre, VT 05641 | (802) 223-1878 |
| Windham | Council on Aging for Southeastern VT 56 Main Street, Suite 304 Springfield, VT 05156 | (802) 885-2655 |
| Windsor | Council on Aging for Southeastern VT 56 Main Street, Suite 304 Springfield, VT 05156 | (802) 885-2655 |
| *Send all Home-Based and ERC Waiver Applications to the appropriate DAA above. | | |

2. Local Area Agencies on Aging

| | |
|---|----------------------------------|
| Champlain Valley Agency on Aging | (802) 865-0360 |
| Northeastern VT Area Agency on Aging | (802) 748-5182 |
| Central VT Council on Aging | (802) 479-0531 |
| Southwestern VT Council on Aging: Bennington Rutland | (802) 442-5436 (802) 786-5991 |
| Southeastern VT Council on Aging | (802) 885-2655 |

3. Local Home Health Agencies

| | |
|---|--|
| Addison County Home Health & Hospice | (802) 388-7259 |
| Bennington Area Home Health | (802) 442-5502 |
| Caledonia Home Health | (800) 924-8116 or (802) 748-8116 |
| Central VT Home Health | (802) 223-1878 |
| Chittenden / Grand Isle Visiting Nurse Association | (802) 658-1900 (TDD) or (800) 833-6111 |
| Dorset Nursing Association | (802) 362-1200 |
| Franklin County Home Health Agency | (802) 527-7531 |
| Lamoille Home Health | (802) 888-4651 |
| Manchester Health Services | (802) 362-2126 |
| Orleans / Essex Visiting Nurse Association | (802) 334-5213 |
| Rutland Area Visiting Nurse Association | (802) 775-0568 |
| Visiting Nurse Alliance of VT & NH | (800) 858-1696 |

4. DCF District Offices (Medicaid)

| | |
|---------------|--------------------------------|
| Barre | (802) 479-1041 or 800 499-0113 |
| Bennington | (802) 442-8541 or 800 775-0527 |
| Brattleboro | (802) 257-2820 or 800 775-0515 |
| Burlington | (802) 863-7365 or 800 775-0506 |
| Hartford | (802) 295-8855 or 800 775-0507 |
| Middlebury | (802) 388-3146 or 800 244-2035 |
| Newport | (802) 334-6504 or 800 775-0526 |
| Rutland | (802) 786-5800 or 800 775-0516 |
| St. Albans | (802) 524-7900 or 800 660-4513 |
| St. Johnsbury | (802) 748-5193 or 800 775-0514 |
| Springfield | (802) 886-3551 or 800 589-5775 |